

TENNESSEE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
(615)532-4885

APPLICATION FOR TENNESSEE OCCUPATIONAL EDUCATION LICENSE OR AMENDMENT TO LICENSURE

PART I RECORD OF PREPARATION TO BE COMPLETED BY APPLICANT (type/print)

If you hold or have previously held a Tennessee Teacher's License, please indicate Reference Number _____

Last Name	First Name	Middle/Maiden		
Social Security Number	Telephone Number	Date of Birth	* Sex	* Race
Street/P.O. Box	City	State	Zip Code	

*Optional *Statistical information only*

_____ **APPLICATION FOR INITIAL OCCUPATIONAL EDUCATION LICENSE** (employment verification required)

_____ **APPLICATION FOR AMENDMENT TO ADD ADDITIONAL ENDORSEMENT AREA(S)** (employment verification required)

_____ **APPLICATION FOR AMENDMENT TO SHOW ADDITIONAL DEGREE/EDUCATION** (check one of the following)

_____ Bachelor 's Degree _____ Master 's Degree _____ Master 's Degree plus 30
_____ Educational Specialist Degree _____ Doctorate Degree _____ Other _____

_____ **NAME/ADDRESS CHANGE**

(Provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal change of name.)

NOTE: Official transcripts reflecting amendment must accompany application.

Answer the following question if you have NEVER held any type of Tennessee Teacher License or Tennessee Teacher Permit.

Are you addicted to the use of intoxicants or narcotics, have you ever been convicted of a felony (including a conviction plea of nolo contendere), or have you ever falsified or altered documentation required for licensure? YES NO

All information enclosed with this packet is correct. I understand that the penalty for falsifying information to obtain a license is denial of that license.

Signature _____ **Date** _____

Answer the following questions if you have EVER held a Tennessee Teacher License or Tennessee Teacher Permit.

Since your license was last issued or renewed have you been convicted of a felony (including a plea of nolo contendere), used narcotics or intoxicants improperly, been convicted of possessing narcotics, falsified documentation required for licensure, or altered your license or certificate? YES NO

All information enclosed with this packet is correct. I understand that the penalty for falsifying information to obtain a license is revocation of that license. **Signature** _____ **Date** _____

(see reverse side for additional instructions)

PART II EMPLOYMENT VERIFICATION: TO BE COMPLETED BY THE DIVISION OF VOCATIONAL-TECHNICAL EDUCATION.

A. Verification of Education

_____ College Transcript

_____ High School Transcript

_____ GED Scores

B. Verification of Experience in the Area of Endorsement

Technical Education (Post Secondary)

_____ years

_____ months

Work Experience

_____ years

_____ months

The technical education and work experience listed above have been verified by attached documentation and are appropriate for the following endorsement(s):

ENDORSEMENT	ENDORSEMENT CODE	INITIAL (must select one)	ADD-ON	Date of Completion

C. This applicant has met minimum education and occupational work experience, and is recommended as having adequate competencies in the endorsed area(s):

Signature: Division of Vocational-Technical Education

Date

Application must be accompanied by letters of documentation of employment, high school transcript, GED scores, or official college transcript(s), if applicable. Health Occupations, Cosmetology and Barbering applicants must submit copy of current operator's and instructor's or registered license issued by appropriate licensing board.

ENDORSEMENT CODES AND TITLES

Body and Fender	507	Printing Press Occ	543	Other T & I Occ	586
Mechanics	508	Cosmetology	561	Criminal Justice	590
Other Aircraft Maint.	512	Quality Food Occ	562	Jobs for TN Graduates	591
Carpentry	522	Small Engine Rep I/C	568	Aviation Ground School	594
Electricity	523	Radio/TV Broadcasting	576	Technology Infrastructure	595
Masonry	524	Health Science/Occ	577	Manufacturing Technology	596
Plumbing & Pipefitting	527	Diesel Mechanics	581	Electronic Media	597
Drafting Occupations	531	Welding & Cutting	584	HVACR	598

STATE OF TENNESSEE DEPARTMENT OF EDUCATION

QUALIFICATION SHEET

For Occupational Teacher Applicant

1. Name

Last Name First Name Middle/Maiden

2. Date 3. Present Address (Street, City, County, State, Zip) 4. Telephone Number

month day year

5. Social Security Number 6. School and School System in which you are seeking employment 7. Position Desired

8. Type of Previous Occupational or Trade Experience 9. Years of Previous Occupational or Trade Experience

10. (a) Type of Teacher License (b) State (c) License Number (d) Date of Expiration (e) Subjects Approved

11. Years of Teaching Experience 12. Subjects Taught

13. EDUCATIONAL DATA Highest Grade Completed

Level of Education/Training	Name of School or Other Organization	City	State	Major Course, Subject, or Trade	Diploma Certificate (must select one)	Date
Pre-High School						
High School						
College						
Other: (include apprenticeship attainment of journeyman status and any other relevant training)						

